

## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobbyist(s) Stuart	D. Trachy		
II. Name of lobbyist's partnership	o, firm or corporation, if a	nny:	
(Name of partners	hip, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822		email_strachy@aol.co	m
(Telephone)	(Fax)	eman <u>straenyagaoneo</u>	111
	which are not attributable urring in the month prior to		
NH Association of Marriage	and Family Therapy	s on the Lobbyist Registration Fo	
OR All reportable transactions by t unrelated to any particular client.		-	
IV. Date of Report April 26, 2017 \textbf{\omega} Reports cover: activity from date of registration to 3/31/17 October 25, 2017 \textbf{\omega} activity from 7/1/17 to 9/30/17		July 26, 2017  activity from 4/1/17 to 6/30/17  January 31, 2018  activity from 10/1/17 to 12/31/17	
V. There have been no fees received If this box is checked, complete just Concord, NH 03301.			
If you have paid an honor Expense Reimbursement	or made expenditures, you arium or reimbursed expen	must file <b>Addendum A</b> — Fees and ses, you must file <b>Addendum B</b> —ontributions, you must file <b>Adden</b>	Report of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief (Signature of lobbyist)  Stuart D. Trachy (Print Name of lobbyist)	RSA 664 and hereby swea	r or affirm that the foregoing infor	rmation is true and complete to
(Frint Name of loodyist)			

**RECEIVED** 

APR 2 6 2017

NEW HAMPSHIKE DEPARTMENT OF STATE